

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND		3. FEC Identification Number C C90013897
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2001 FOREST AVENUE		
(c) City, State and ZIP Code DES MOINES IA 50311		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☒ 24-Hour Report
☐ October 15 Quarterly Report ☐ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M / D D / Y Y Y Y Y Y

5. COVERING PERIOD:

FROM

M M / D D / Y Y Y Y Y Y
01 / 24 / 2016

THROUGH

M M / D D / Y Y Y Y Y Y
01 / 27 / 2016

6. TOTAL CONTRIBUTIONS.....

.00

7. TOTAL INDEPENDENT EXPENDITURES

1467.57

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Matthew Covington

SIGNATURE

Matthew Covington

DATE

[Electronically Filed]

01/28/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 5
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Matthew Covington

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 27 / 2016

Mailing Address 2001 Forest Ave

Amount

280.46

Transaction ID : F57.000001

Purpose of Expenditure
staff time, mileage, food for voter contactCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought 15598.00Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Hugh Espey

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 27 / 2016

Mailing Address 2001 Forest Ave

Amount

283.36

Transaction ID : F57.000002

Purpose of Expenditure
staff time and voter contactCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought 15881.36Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Bridget Fagan-Reidburn

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 27 / 2016

Mailing Address 2001 Forest Ave

Amount

337.69

Transaction ID : F57.000003

Purpose of Expenditure
staff time, mileage, food for voter contactCategory/
TypeOffice Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought 16219.05Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 901.51

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 5
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NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Adam Mason

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 27 / 2016

Mailing Address 2001 Forest Ave

Amount

191.25

Transaction ID : F57.000004

Purpose of Expenditure
staff time and voter contactCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

16410.30

Disbursement For:
2016☒

Primary

☐

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Nathan Malachowski

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 27 / 2016

Mailing Address 2001 Forest Ave

Amount

81.00

Transaction ID : F57.000005

Purpose of Expenditure
staff time and voter contactCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

16491.30

Disbursement For:
2016☒

Primary

☐

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Emily Harmon

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 27 / 2016

Mailing Address 2001 Forest Ave

Amount

32.01

Transaction ID : F57.000006

Purpose of Expenditure
staff timeCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

16523.31

Disbursement For:
2016☒

Primary

☐

General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

304.26

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 5
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Liz Blind

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 27 / 2016

Mailing Address 2001 Forest Ave

Amount

9.00

Transaction ID : F57.000007

Purpose of Expenditure
staff timeCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

16532.31

Disbursement For:
2016☒

Primary

☐

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Madeline Cano

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 27 / 2016

Mailing Address 2001 Forest Ave

Amount

9.00

Transaction ID : F57.000008

Purpose of Expenditure
staff timeCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

16541.31

Disbursement For:
2016☒

Primary

☐

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Jessica Mazour

Date of Public Distribution/Dissemination

MM / DD / YYYY
01 / 27 / 2016

Mailing Address 2001 Forest Ave

Amount

67.55

Transaction ID : F57.000009

Purpose of Expenditure
staff time, voter contactCategory/
Type

Office Sought:

☐

House

State: IA

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bernard SandersCalendar Year-To-Date Per Election
for Office Sought

16608.86

Disbursement For:
2016☒

Primary

☐

General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

85.55

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 5
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NAME OF FILER (In Full)

IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Michael Patz		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 2200 EP True Pkwy Apt 22		Amount 30.00	
City West Des Moines	State IA	Zip Code 50265	
Purpose of Expenditure data entry		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		Transaction ID : F57.000010	

Full Name (Last, First, Middle Initial) of Payee John Noble		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 1218 23rd St #95		Amount 146.25	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure data entry, voter contact		Category/ Type	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bernard Sanders		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		Transaction ID : F57.000011	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	176.25
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	1467.57